

TB Prevention and Care: Laws and Standards regarding Chapter 89 Correctional and Detention Facilities

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Objectives

- Statues and Rules
- Correctional Tuberculosis Screening Plan
- Monthly Report
- Quarterly Reports
- Annual Tuberculosis (TB) Screening Report for Jail Administrators

TEXAS HEALTH & SAFETY CODE: CHAPTER 89

Section 89.002: Jails

- Capacity of at least 100 beds, or
- Houses inmates that are transferred from:
 - a county that has a jail with a capacity of at least 100 beds, or
 - another state

Texas Health & Safety Code: Chapter 89

Subchapter B. Screening of Jail Employees and Volunteers Section 89.011 Screening of Jail Employees & Volunteers

Section 89.012 Follow up Evaluations & Treatment

Section 89.013 Certificate Required

Section 89.014 Cost of Tests, Follow-Up, and Treatment

Subchapter C. Inmate Screening and Treatment Section 89.051 Inmate Screening Required

Section 89.002 Rescreening; Diagnostic Evaluations

Section 89.053 Follow-up Evaluations

Section 89.054 Inmate Transfer & Release

Subchapter D. Reporting; Rulemaking; Minimum Standards

Section 89.071 Reporting

Section 89.072 Rulemaking

Section 89.073 Adoption of Local Standards

Subchapter E. Continuity of Care Section 89.102 Report of Release

SUBCHAPTER B. SCREENING OF JAIL EMPLOYEES AND VOLUNTEERS

Section 89.011 Screening of Jail Employees & Volunteers

- Employee or Volunteer has been tested for TB Infection in accordance with board rules.

•Section 89.012 Follow up Evaluations & Treatment

- Employee or Volunteer with positive screening test results must obtain a diagnostic evaluation from the person's own physician to determine if the person has TB.

Section 89.013 Certificate Required

- Confirm that each employee or volunteer required to be screened under this subchapter has the required certificate.

Section 89.014 Cost of Tests, Follow-Up, and Treatment

- Employee or volunteer shall pay the expense of a screening test, diagnostic evaluation, or other professional medical service required under this subchapter unless the commissioners court, the governing body of a municipality, or local health department or public health district elects to provide the service.

SUBCHAPTER C. INMATE SCREENING AND TREATMENT

Section 89.051 Inmate Screening Required

- Each inmate in a jail or community corrections facility shall undergo a screening test for Tuberculosis infection.

Section 89.052 Rescreening; Diagnostic Evaluations

- May require a governing body to provide an additional screening test or a diagnostic evaluation.

Section 89.053 Follow up Evaluations

- If an inmate has a confirmed positive screening test results, the governing body shall provide a diagnostic evaluation to determine whether the inmate has TB.

Section 89.054 Inmate Transfer and Release

- Medical records or documentation of screenings or treatment received transferred with the inmate from one jail or community corrections to another or the Texas Department of Criminal Justice and be available for medical review on arrival of the inmate.

SUBCHAPTER D. REPORTING; RULEMAKING; MINIMUM STANDARDS

Section 89.071 Reporting

- TB cases are to be reported to the appropriate health authority or to the department not later than the 3rd day after the day on which the diagnostic is suspected.

Section 89.072 Rulemaking

- The department shall recommend to the Commission on Jail Standards and the Texas Department of Criminal Justice rules to carry out this chapter.

Section 89.073 Adoption of Local Standards

- The standards prescribed and the rules adopted by the board relating to screening tests or examinations for TB required for certain employees and volunteers are minimum standards.

Subchapter E. Continuity of Care

Section 89.102 Report of Release

- A corrections facility shall report to the department the release of an offender who is receiving treatment for TB. The department shall arrange for continuity of care for the offender.

How to locate Texas Health and Safety Code Chapter 89 from the Internet?

<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.89.htm>

Texas Administrative Code

171. Purpose

172. Scope

173. Screening

174. Scope of Professional Examinations/Evaluation

175. Diagnostic Evaluations*

176. Treatment

177. Prevention of Disease

178. Reporting

179. Tuberculosis Record*

180. Resource Allocation

181. Approval of Local Jail Screening Standards

182. Continuity of Care

Texas Administrative Code

Rule 97.171 Purpose

- Screening and Treatment for TB and latent TB infection of employees, volunteers, and inmates or detainees in county jails and other correctional facilities

Rule 97.172 Scope

- Cover the screening process rule

Rule 97.173 Screening

- Screen with chest x-rays to identify individuals with lung
- abnormalities followed by testing for latent TB infection with 14 days

Texas Administrative Code

Rule 97.174 Scope of Professional Examinations/Evaluation

- Examination for active Tuberculosis; TB infection without disease

Rule 97.175 Diagnostic Evaluations

- Steps used in the diagnostic evaluation process and bacteriologic examinations of specimens

Rule 97.176 Treatment

- Definition and steps for treatment of TB Infection, no disease as well Treatment of active TB Disease

Texas Administrative Code

Rule 97.177 Prevention of Disease

- Steps to prevent the spread of TB in the facility with the use of respiratory isolation
- Work restrictions for jail employees and volunteers

Rule 97.178 Reporting

- All suspected or diagnosed cases of TB shall be reported within one working day to the local health authority or regional office. Provide a listing of information needed and what forms to use

Rule 97.179 TB Record

- TB Record form is used to certify that an employee or volunteer does not have TB

Texas Administrative Code Tuberculosis Record Form

Figure: 25 TAC §97.179(c)

TUBERCULOSIS RECORD					
Certificate <input type="checkbox"/>		Tuberculosis History Record <input type="checkbox"/>		Record of Transfer <input type="checkbox"/>	
Date of Transfer _____					
A. IDENTIFICATION					
Facility Name _____		Address _____		Medical Section Phone _____	
<input type="checkbox"/> Inmate		<input type="checkbox"/> Employee		<input type="checkbox"/> Volunteer	
(Last Name) _____		(First Name) _____	(Middle) _____	AKA (Last) _____	(First) _____
Date of Incarceration/Employment/Entry: _____			Cell number or work location: _____		
Social Security Number: _____		ID Number: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone # () _____	Home Street Address _____	City _____	State _____	Zip _____	
DOB: _____	County of Birth _____	Race (check all that apply): <input type="checkbox"/> Native Hawaiian or Pacific Islander			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Unknown			
B. TUBERCULIN SKIN TEST (TST) HISTORY					
Initial Skin Test (or Documented History of Positive PPD)					
Date Given: _____		Date Read: _____		Size: _____ mm	
TST Date: _____		Size: _____ mm		TST Date: _____	
Size: _____ mm		TST Date: _____		Size: _____ mm	
C. ACTIONS TAKEN FOR FURTHER EVALUATION AND/OR TREATMENT					
Chest X-ray Date: _____		Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Done <input type="checkbox"/> UNK			
History of previous TB treatment? <input type="checkbox"/> Latent TB Infection Start Date: _____ Stop Date: _____ <input type="checkbox"/> TB Disease Start Date: _____ Stop Date: _____				HIV Test: Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative If not done, give reason _____	
Diagnosis Date: _____ <input type="checkbox"/> Active TB <input type="checkbox"/> Latent TB Infection				For Active TB: Predominant Site: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Other (specify) _____	
CURRENT TREATMENT Regimen Started ____/____/____ Regimen Stop ____/____/____ <input type="checkbox"/> INH <input type="checkbox"/> RIF <input type="checkbox"/> PZA <input type="checkbox"/> EMB Other _____ <input type="checkbox"/> DOT <input type="checkbox"/> Self-administered				Case reported to Health Department? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Report to Health Department: (MM/DD/YYYY): _____ Contact Investigation done? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ Patient Interview Date: _____ Follow-up Date: _____	
Reason Stopped: _____					
Drug Resistance? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Texas Administrative Code

Rule 97.180 Resource Allocation

- A combination of individual counties, judicial districts, and TX Department of Criminal Justice funds supports the costs of providing inmate screening, evaluation, and treatment

Rule 97.190 Approval of Local Jail Screening Standards

- Countries, judicial districts, and private entities operating community corrections facilities shall adopt local standards for screening tests of employees, volunteers, and inmates

Rule 97.191 Continuity of Care

- A correctional facility regardless of size that houses adult or youth inmates, must assure continuity of care for those inmates receiving treatment for TB who are being released or transferred to another correctional facility
- A facility must contact DSHS prior to the inmate being released or transferred. If that is not possible, the facility must make the contact immediately upon the inmate's release from custody or transfer to another correctional facility

Internet Location of Texas Administrative Codes





- texreg.sos.state.tx.us
- Locate pathway on [http://texreg.sos.state.tx.us/public/readtac\\$ext.viewtac](http://texreg.sos.state.tx.us/public/readtac$ext.viewtac)
- web page; Select Title 25 - Health Services
- Select Part 1 - Department of State Health Services
- Select Chapter 97 - Communicable Diseases
- Select Subchapter H - TB Screening for Jails & Other Correctional Facilities
 - Rules

Internet location of Correctional Tuberculosis Screening Plan

<https://www.dshs.state.tx.us/idcu/disease/tb/forms>

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Correctional Facilities

Form Number	Form Name	Format(s)	Revision Date
EF12-11461	Positive Reactors/Suspects/Cases	 (54 KB)	7/2014
EF12-11462	Monthly Correctional TB Report	 (102 KB) PDF (56 KB)	6/2011
EF12-11462-I	Monthly Correctional TB Report - Instructions	PDF (42 KB)	6/2011
EF12-11463	Correctional Tuberculosis Screening Plan	PDF (183 KB)	9/2013
EF12-12870	TB Symptom Screening	 (40 KB)	9/2014
EF12-12870A	TB Symptom Screening (Spanish)	 (41 KB)	7/2014

CORRECTIOKAL TUBERCULOSIS SCREENING PL.<lii			
Type or print au tly in black iDk. All sectionS of the pl:ulmIm be filled out completely . Do not & un questions blank. Do not use correction ODid. Use of corrKtioo fluid will result iD your plao btiDg rttu.med. The signed original plao must be mailed o the Texas Dep:ammem of Sute Hlnltb Senices (DSHS) Correctiotl3l TB Program. The plntl can be downloaded from: http://www.texas tb.org/forms/#ja il . If you need assistuKe illing out this plan, please call the Correctional TB Program at (512)533-3000			
A. GENERAL INFOR.\\ATION			
I. Name of Facility		Jail Admia.istrator	
J. Email Address		Phone Number :	S. Fu Nambtr:
6. Pb)scal Address: S/Ttrt tlJn ri mFal sutslit SNDIM		City	S b te Zip
7. MailDg Address (lfjdifform.rTOffipir;skai oddrm		City	S b te Zip
Stru t /PO Box:			
S. Namt/ Job Title of Conbet Pn soa:		I mail Address of Cootact Person:	
11. Facility Opera ted by:		12. Name of A&eacy/ Compa.y:	
0 Cottlly 0 Printt 0 Othtr			
U. Total Number of Employt:ts:		15. TCJS Capacity: 116. Current Popul:uioa:	
B. FACILITY			
1. \\hich category of innu:e is your fclity authorized :ohold? (Check all thal3pply)			
0 Federal (s4< l all rler:apiij			
D County (Pit:U4ittdka:1tllos4ccwtrfsars ras-jtlil wlkJtyauh:n-acant\\(f-LAtr:llc sparOlt s frif7JIGS4T)			
0 Out-of-County			
n iCEn soP n us t 0 OuH f-State			
2. Number of b edtb care staff at the facility, by type of credentials (L>: 1, LVN-2, etc.)		3. Number of staff tr3ined on symptom screening.	
■ List the iWnes and credennials of aU staff authorized"> your medic3l director to administer :md read the TB skin test (amcb a separate sheet if necessary).			
5. Name, physical address, and phooe number of the mEdical director		6. Are c,bw x-rays• done at yoWfacility? U Yes U No if oo, where are they done?	
Name:		Name:	
Street:		Street:	
City:		Cit:	
State:		State:	
ZID:		Zio:	
Phone: </td <td colspan="2">Phone:</td>		Phone:	
Note: Cllest I-a s shall bt dou immdiat if TBs to are rtseat or • ithiD thrtt da ora s:itlE ICRA or s&atest 1 is an a tomatic.		8. lo the eyeol of a huncie u or other naru n l or i\\13H made disaster, do you bat-e a \\T:ren etacuorioo plan oo file?	
7. \\f to will interpret theH-ays? (n:ue, physical address, and phooe number)			
Name:		D Yes 0 No	
Street:			
City:			
State:			
Zip:			
Phone: </td <td colspan="2"></td>			
9. Name of the person (alooq with job tide) re:possible for TB coorrol at the facility. This person may be re:possible for gaeraring m:onthly' repons, main:triniog supplies 3Jld medications, and tn3king necessary refUTJ3s.		Jobritle:	
N:une:			
10. Who provides medical care for your inmates? P< S, anacha <or> d thf conuaa.		11. Who supplies the TB testing nu:erial for your inmates? (PPD, Syringes)	
0 CoWly Name(s) of prot:ider(s):		D Pharmacy Name(s) of supplier(s):	
0 Hospital		0 Oth>	

C. II<> IATE SCRIENING	
1. O:lwkd l d.tys fts do you achminist?rt tuberculin skin tests o: IGR4?	
and Shift boun:	
2. H'w soon after incar ration at't inmtes given the tubemilin skin	
\\ihfn oriGRA? hours 0 day: 0 (p ease che:k ore)	
4. b symptom s (ft n:ing conducted? 0 No 0	
Yes -tll(k i\\(os)y of r-r-arc ""	
If yes lthen is it done!	
6. \\hen of bng ennimm:<es Gtte?	
ISs D:umual at date of last test C De malld Month C Oiller- specif'	
7. O, yot:h:ft :m mbome inkdion bfi onroan inyow: { t y ? l"ott l Pk t t-6.(Unutt if •• •irk rru ilaft(tio l il:ot tie room b:is not allible in row facili)	
If yvw -C>ol C."Yo.2 v OMo(d.) t b t wu l l S vrw..li, idu...r vvw... Y-U lwo:	
No D Y.. J :lw nber of ind\\idw.l rocms	
S. If your facility l wfe\\el' than two a ubotn: infEdior: isolation rOOils, where W l an inmate With symptoms suggestive of TB bt isoh:ted?	
N> Applic:ble 0 l l" " " of l = pib.l l facility	
9. N:une of person from yow-facility who 'vill inromt the Lx.al :iealtb Department a.HD) about TB slepect mdfor cas in custody.	
N:une:	
Phone:	
10. yot:h n: :m Woetion tQntrol plu ?	
y., 0 No	
11. Do you lno) .cfu-eh:uo plm fot Uurufo with TB tluf :voo Min! relelSed ttt the commnity?	
Yes J No 0	
11. Provide name, main: address and tdephone number of the Local (or Regional) Health D n t ard tlu name of the contact per:son.	
B. Wba: T8 sen:ies, if any, does yoll' Lot:l ot Regional Health Deputment p nvide to your facili ? Check all dut apply.	
0 FPD 0 S,,	
0 Testae 0 Contact Investi:xiion	
0 Education 0 NiA	
0 Other- (Pim e <pecily):	
ADitnot:ts sh3Jl bee\\al nted for TB infECioo md ciscu:E All n a m mt illlSt te DOU illl:fid. Are crd oft:eat tll Ql (TB400A :uxl TB400P) tUilrtbe C<ot- lKed:od st:mittfd to DSHS or Local Health DeDumem l B l>rolnm Form TB400A & TB400B :od other foa m ava:bleat: bro:l\\r-wfEX:nbcrVfunru.mOOmoe	
1< \\ho m l J tlllinfain scJ u nillg re<ords at the j ail for inmates?	
15. \\b.o is resporuib e for sending trnsfer 'ecods to TDCJ or other onEtio m l facilities on irunas with l 3?	
N:une:	
Phone:	
Nanu:	
Pbo" :	
16. Wh i c h f o s) are used to tranSfer inmate recorb? Check: all that applies: Please attatb a copy of the fonn(s)	
0 Not Aoolicab e D Texa. Un:fo m Health Status Form D Alim in Tramit D Other- <Pim e !Decif>:	
l'i:tt: Routine chest films are no: r:quired for as\\lnp:otl:lC: pt:smo who ha'e aetativ tem for latent TB infection. After the i:Utial chet radio:Japh is Wen, persons w:h p:esitin h:lberculin skin-te: re:actio do not need repeat best radiogra:lu, mless S\\m?toau det-elop that may be due to lB.	
D EMPLOYEE SCPEENING C	
1. \\hen do initial ewd o yee c r e e s take olace? (Please check all boxes that re:fl ct when S:leeninEs occur)	
Prior to employment 0 Within 7cbyS of startng work 0 Other- (Pleas:specify)	
2. \\hen does mnu al emp oyee s oeenng tale	
pnce? Annua l at date of hire D Deggnaid Month 0 Other- (Pie:Se	
specify\\the d l pl ee :a, a 70ve l M GOD (l auno e fel), a che...t:ray and l n:ed:al ealu.mon illl:Uf be done btf m the eulplCee if r:of r:elums to w rk The employee :must provide a stafetenf froo: a physicism sbting <no active disease... How uny days \\ill you allow fat the pbyisian <tTificate to be provided?	
D l s:	
4. \\ho is responsible for keeping record: of empnyee certificates?	
N:une:	
Pbote: ()	

HELPFUL TIPS FOR JAIL PLAN

**Review Jail Plan
before submitting**

**Don't fax but
mail the Jail
Plan with all the
appropriate
documentation**

**If Jail Plan has
to be amended,
please resubmit
in a timely
manner once
contacted by
DSHS**

**Make sure
every field is
answered;
especially
question(s) that
have two parts**

**If not
applicable,
write in N/A or
check the 'Not
Applicable' box**

**If non-medical
personnel is
authorized by
the medical
director to
administer and
read TB skin
test, provide
the credentials**

**If any questions
concerning on
"How to fill out
the Jail Plan",
contact Jail
Coordinator at
DSHS**

Correctional Tuberculosis Screening Plan

Who should I contact?

- 1) Email congregatesettings@dshs.state.tx.us
- 2) Contact Daniel Coy at (512) 533- 3150, or
- 3) email Juan.Coy@dshs.state.tx.us

- Correctional Facility completes and submits Monthly Correctional TB Report to their LHD or HSR
- LHD or HSR reviews the report for any mistakes or for any information that has been omitted
- Once received at Central Office, the EF12-11462 data is entered into our databases called Testing Activities & Monthly TB Report database. EF12- 11461 data is entered into our TB infection spreadsheet.

WHO REPORTS TO WHOM?



Correctional or Detention Facility



Local Health Department



Review
Reports



Health Service **Region**



Congregate **Setting** Team

Health Service Region 1 (10 Jails)

Health Service Region 2/3 (27 Jails)

Health Service Region 4/5 (24 Jails)

Health Service Region 5/6 (11 Jails)

Health Service Region 7 (17 Jails)

Health Service Region 8 (17 Jails)

Health Service Region 9/10 (13 Jails)

Health Service Region 11 (11 Jails)

Local Health Department (23 Jails)

Monthly Correctional TB Report Form EF12-11462

- Visit texastb.org/forms/#jail to download this form
- Require Chapter 89 facilities complete and submit to LHD and HSR
- Due every month by the 5th working day
- New Changes include:
 - Column for Volunteers
 - Number of TB Suspect/ Cases diagnosed at facility
 - Number of TB Suspect/ Cases transferred in
 - Number of TB infections discharged to the community
 - Number of TB infections transferred
 - Number of Transferred TB infections/Suspect/Cases reported to HD



Tuberculosis Services Branch Monthly Correctional TB Report

PLEASE PRINT. Report is due no later than the 5th working day of the following month. This report should be submitted on a monthly basis to your local health department. Visit <http://texastb.org/forms/#jail> to download this form.

REPORTING FACILITY				
Facility Name:	Report Month:			
Contact Person (Please Print):	Email Address (Please Print):			
Phone Number:	Fax Number:			
A. SCREENING				
	Inmates	Employees	Volunteers	Comments
Number of TB Skin Tests Administered:				
Number of TB Skin Tests Read:				
Number of IGRA Tests Administered:				
Number of IGRA Tests Analyzed:				
Number of Prior Positive (Documented history of (+) TST or IGRA):				
Number of Chest X-rays Performed:				
B. SCREENING RESULTS				
	Inmates	Employees	Volunteers	Comments
Number of TB Skin Test measured 10 mm or greater:				
Number Positive IGRA Tests:				
Number of Converted TB Skin Tests or IGRA Tests:				
*Number of TB Suspects Diagnosed at Facility:				
*Number of TB Cases Diagnosed at Facility:				
Number of TB Suspects Transferred In:				
Number of TB Cases Transferred In:				
C. TREATMENT				
	Inmates	Employees	Volunteers	Comments
Number Started on Treatment for TB Infection:				
Number Completed Treatment for TB Infection:				
Number Started on Treatment for TB Disease:				
Number Completed Treatment for TB Disease:				
D. DISCHARGE TO COMMUNITY				
	Inmates	Comments		
Number of LTBI's Discharged to the Community:				
Number of Suspects Discharged to the Community:				
Number of Cases Discharged to the Community:				
Number of Discharged LTBI/Suspects/Cases Reported HD:				
E. TRANSFERS				
	Inmates	Comments		
Number of LTBI's Transferred:				
Number of TB Suspects Transferred:				
Number of Cases Transferred:				
Number of Transferred LTBI/Suspects/Cases Reported to HD:				

*Include in the EF12-11461 Form

Helpful Tips for Monthly Correctional TB Report (EF12-11462)

- Do not abbreviate facility name
- The numbers reported for inmates, employees, or volunteers with a prior positive, TB skin test, or CXR performed should match the number of names that are submitted on the EF12-11461 (Positive Reactors/Suspects/Cases) form
- Each suspect or case reported should be listed on both EF12-11461 & EF12- 11462 with TB 400 (A) and (B)
- Notify the LHD or HSR of TB suspects/cases discharged to the community
- Notify the LHD or HSR of TB suspects/cases transferred in or transferred out

Department of
State Health Services

TB SERVICES BR... ""T'CH

POSITIVE REACTORS/SUSPECTS/CASES

PRINT IN BLACK INK OR TYPE. If you need assistance filling out the form, please call the TB Correctional Program at (512) 452-7447.

EF12-11461 POSITIVE REACTORS/SUSPECTS/CASES

NAME OF FACILITY:- - - - -

CO.'TA.CT PERSON: - - - - -

REPORTING MOJ-TITLE: ' - - - - -

[illegible]

HELPFUL TIPS FOR POSITIVE REACTORS/SUSPECTS/CASES FORM (EF12-11461)

Book-In Date: Provide unless its an Employee or Volunteer

Names: Written in black ink, clearly printed & not in cursive

PT (Patient Type): 1 = Inmates; 2 = Employee; 3 = Volunteer

SS# or Alien#: Provide

DOB: Provide

Race: Provide

Prior (+): Prior positive mark Y for Yes

Date Placed: Record TST or IGRA Date Collection

Date Read: Provide

Result: Record TST results in MM. IGRA results N = Negative; P= Positive; I = Indeterminate

CXR Date: Record Date of Collection (if not done, simply don't mark the field box)

Normal/ Abnormal: Record CXR Results N = Normal or A = Abnormal

Symptom Screening: Indicate "Y" for Yes (if not done, simply don't mark the field box)

TB Case or Suspect: if indicators on the TB Case or Suspect on Monthly Correctional TB Report (EF-11462), write either C for Case or S for Suspect

Date Meds Started: If patient started on TB treatment, write month, day, and last 2 digits of year in field box.

Ex. 1/1/15

Reporting

Form Number	Title	Format(s)	Revision Date
TB-340	Report of TB Contacts	PDF (121 KB)	10/2011
TB-341	Continuation of Report of TB Contacts	PDF (63 KB)	11/2011
TB-400A	Report of Case and Patient Services	PDF (17 KB)	11/2003
TB-400B	Report of Case and Patient Services	PDF (18 KB)	11/2003
EF12-11358	Binational Status Report	Word (45 KB)	11/2004
EF12-12104	TB Incident Report	Word (49 KB)	3/2011
EF12-12168	Monthly TST	Word (47 KB)	11/2005
	Guidelines for Congregate Setting Target Testing	Word (32 KB)	5/2014
EF12-14427	Congregate Setting Target Testing Monthly Report	Word (136 KB) Excel (34 KB)	5/2014

How to Report an Suspect or Case?

When reporting an Suspect or Case on Monthly Correctional TB Report please include both TB 400 (A) and TB 400 (B) for each individual.

TB 400 (A and B) are located under Reporting
<https://www.dshs.state.tx.us/idcu/disease/tb/forms>

What does DSHS do with TB 400s?

1st Step: Research each TB 400 using “Suspect/Case” database; TB PAM; LabWare 2nd

Step: Entered each TB 400 into our “Suspect/Case” database

3rd Step: Continue to Follow-Up with each case for additional information

4th Step: Submit our Suspect/Case Report Quarterly to each LHD or HSR to further investigation



Tuberculosis and Refugee Health Services Branch-Corrections Program Annual Correctional TB Suspect and Case Report for 2015

Health Service Region 04/05

Facility Name	LastName	FirstName	DOB	Country	Reporting Month	Reported As	TB400	Culture Date	Results	Tx Start Date	Classification	Disposition
					July/15	Suspect	Yes	3/21/2015	Negative		Suspect	Unknown
					03/15	Case	No	2/6/2015	(+)MTB	2/6/2015	Case	Expired
					July/15	Suspect	Yes			7/30/2015	Suspect	On Treatment

2013 – 2015 Inmates/ Employees Screening Statistics

TST ADMINISTERED

	YEAR 2013	YEAR 2014	YEAR 2015*
Inmate	516,532	512,274	312,560
Employee	17,269	16,515	9,276

TST READ

	YEAR 2013	YEAR 2014	YEAR 2015*
Inmate	396,996	394,193	238,206
Employee	16,793	16,126	8,875
Ratio Admin/Read	78%	78%	78%

2013 – 2015 Inmates/ Employees Screening Statistics

POSITIVE REACTORS

Inmate	YEAR 2013	YEAR 2014	YEAR 2015*
	27,757	28,614	14,195
Employee	177	178	88

CONVERSIONS

Inmate	YEAR 2013	YEAR 2014	YEAR 2015*
	2,491	2,612	1,001
Employee	30	16	53

2013 – 2015 Inmates/ Employees Screening Statistics

PRIOR POSITIVES

Inmate	YEAR 2013	YEAR 2014	YEAR 2015*
	16,750	16,403	11,103
Employee	644	622	277

CHEST X-RAY

Inmate	YEAR 2013	YEAR 2014	YEAR 2015*
	66,992	48,865	24,138
Employee	586	709	381

2013 – 2015 Inmates/ Employees Screening Statistics

SUSPECTS

	YEAR 2013	YEAR 2014	YEAR 2015*
Inmate	186	134	106
Employee	0	0	1





CASES

	YEAR 2013	YEAR 2014	YEAR 2015*
Inmate	35	28	21
Employee	0	0	0

Correctional Facilities Forms – Internet Location

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Correctional Facilities

Form Number	Form Name	Format(s)	Revision Date
EF12-11461	Positive Reactors/Suspects/Cases	 (54 KB)	7/2014
EF12-11462	Monthly Correctional TB Report	 (102 KB) PDF (56 KB)	6/2011
EF12-11462-I	Monthly Correctional TB Report - Instructions	PDF (42 KB)	6/2011
EF12-11463	Correctional Tuberculosis Screening Plan	PDF (183 KB)	9/2013
EF12-12870	TB Symptom Screening	 (40 KB)	9/2014
EF12-12870A	TB Symptom Screening (Spanish)	 (41 KB)	7/2014

www.dshs.state.tx.us/idcu/disease/tb/forms

Forms:

- Positive Reactors/Suspects/Cases
- Monthly Correctional TB Report Instructions
- Correctional TB Screening Plan
- TB Symptom Screening

Texas Uniform Health Status Form Location: wtcjs.state.tx.us/docs/UHSUF.pdf

Annual Tuberculosis Screening Report for Jail Administrators

- Go to www.dshs.state.tx.us
 - Click Disease Prevention, select Infectious Disease Prevention
 - Select T-Z, Tuberculosis (TB)
- TB in Correctional Facilities

The screenshot displays the DSHS website interface. At the top is a navigation bar with links: Home, About Us, News, I am a..., I want to..., Resources, and Find Services. Below this is a breadcrumb trail: Home > TB-HIV-STD and Viral Hepatitis Unit > Annual Tuberculosis Screening Report for Jail Administrators. The main heading is 'Annual Tuberculosis Screening Report for Jail Administrators'. To the right of the heading is a link for 'Correctional TB'. Below the heading is a photograph showing a healthcare worker examining a person's arm. Under the photo is a list of jails: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z. On the left side, there is a sidebar menu with links: IDCU Home, Infectious Diseases A-C, D-G, H-L, M-Q, R-S, T-Z, IDCU Health Topics, Disease Reporting, Related Rules & Regulations, Immunization Branch, About IDCU, Related DSHS Sites, and Staff Contact List. On the right side, there is a sidebar menu with links: TB Home, About Us, FAQs, TB Forms, TB Control Standards, Statistics, Presentations, Links, and TB/HIV/STD and Viral Hepatitis Unit. At the bottom right, there is a button to 'Sign up for e-mail updates' and a box titled 'TB Cases in Selected Counties 2013'. Below the main heading, there are three links with download icons: 'Jail Administrator Letter (68 KB)', 'Annual TB Screening Report 2013 (824 KB)', and 'Glossary of Terms (98 KB)'.

Home > TB-HIV-STD and Viral Hepatitis Unit > Annual Tuberculosis Screening Report for Jail Administrators

Annual Tuberculosis Screening Report for Jail Administrators

[Correctional TB](#)

Jails: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

[Jail Administrator Letter](#) (68 KB)
[Annual TB Screening Report 2013](#) (824 KB)
[Glossary of Terms](#) (98 KB)

[Sign up for e-mail updates](#)

TB Cases in Selected Counties 2013

Annual Tuberculosis Screening Report

Dallas County Jail

2012

Tuberculosis Services Branch

Correctional Tuberculosis Program

In 2012, a total of 9,951 new tuberculosis (TB) cases were reported in the United States. This represents an incidence rate of 3.2 cases per 100,000 population, which is 6.19% lower than the rate in 2011 which was 3.4 cases per 100,000 population. This is the lowest rate recorded since national reporting began in 1953.

As in 2011, four states (California, Florida, New York, and Texas) continued to report more than 500 cases each in 2012. Combined, these four states accounted for 4,967 TB cases or approximately half (49.9%) of all TB cases reported in 2012.

Texas reported a total of 1,233 TB cases in 2012; 154 (12.5%) of those were diagnosed in a correctional facility.*

Table 1. Diagnosed Cases of Tuberculosis in Correctional Facilities in Texas for 2011 and 2012

Facility Type	2011 #	%	2012 #	%
Federal Prison	14	8.7	21	13.6
State Prison	19	11.5	22	14.2
Local	49	30.6	38	24.6
ICE	45	28.1	39	25.3
Other Correctional	33	20.6	33	21.4
Juvenile			1	0.6
TOTAL	160		154	

Source: Texas Department of Criminal Justice, Tuberculosis Services Branch

*Provisional data may be subject to change

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DSHS Mission: "To improve health and well-being in Texas."

ANNUAL TUBERCULOSIS SCREENING REPORT FOR JAIL ADMINISTRATORS

In 2012, 161 correctional facilities met the Texas Health & Safety Code Chapter 89 criteria and were required to report their TB screening activities in the form of a Monthly Correctional TB Report. This annual report highlights TB screening activities in your facility and compares results to all designated Texas Health & Safety Code Chapter 89 correctional facilities.

Table 2: TB Screening Results January 1- December 31, 2012

Dallas County Jail	Total at This Facility	% at This Facility	All Facilities (Chapter 89)*
INMATES			
Number of Skin Test Administered	60,853		537,658
Number of Skin Test Read	38,342	63.01%	402,583
Number of Positive Tuberculin Skin Test	2,192	5.72%	24,795
Number of Chest X-rays Performed	5,588		60,701
Number of Conversions	28		1,691
Number of TB Suspects Reported	7		188
Number of Active TB Cases Reported	2		58
EMPLOYEES			
Number of Skin Test Administered	1,620		22,465
Number of Skin Test Read	1,496	92.3%	21,603
Number of Positive Tuberculin Skin Test	11	0.74%	172
Number of Chest X-rays Performed	7		655
Number of Conversions	8		28
Number of TB Suspects Reported	0		1
Number of Active TB Cases Reported	0		1

*Total: 161 Jails

Source: Department of State Health Services 2012 Monthly Reporting Data

In 2012, there were 60,853 tuberculin skin tests administered to inmates at the Dallas County Jail. Of that number, 2,192 (3.6%) had a measurement of 10 mm or greater. This represents 8.4% of the total number of positive tuberculin skin test results in all Chapter 89 facilities.

There were 1,620 tuberculin skin tests administered to employees. Of that number, 11 (0.7%) had a measurement of 10 mm or greater. This represents 0.7% of the total number of positive tuberculin skin test results in all Chapter 89 facilities.

There were 7 suspects and two cases reported in 2012 at the Dallas County Jail.

A total of 12 (100%) Monthly Correctional TB Reports were submitted in 2012.

Questions

Contact

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